

## REQUEST OF TRANSFER OF A VESTED BENEFIT

*Please send this form to your previous pension institution!*

### Previous pension institution

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

### Data of the insured

Name: \_\_\_\_\_ First name: \_\_\_\_\_

N° AVS or NSS: \_\_\_\_\_ Contract N°: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

New employer: \_\_\_\_\_

### Pension institution of the new employer

Patrimonia Foundation  
Route François-Peyrot 14  
1218 Le Grand-Saconnex

At the attention of previous pension institution:

➔ Please join to the vested benefit's transfer a written notification (statement of account)

### Payment address

Bank: UBS AG, 8098 Zürich  
BIC: UBSWCHZH80A  
Clearing: 0240  
Account N°: 240-758912.00J  
IBAN: CH68 0024 0240 7589 1200 J

Place and date: \_\_\_\_\_

Insured's signature: \_\_\_\_\_

Patrimonia Foundation

Headquarters address:  
Le Lumion  
Route François-Peyrot 14  
P.O. Box 574  
CH-1215 Geneva 15  
www.patrimonia.ch

Mailing address:  
Branch of Lausanne  
Rue Saint-Martin 7  
CH-1003 Lausanne  
T main number +41 58 806 0800  
info@patrimonia.ch

